

County: Kenosha
 SHERIDAN MEDICAL COMPLEX
 8400 SHERIDAN RD

Facility ID: 8170

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KENOSHA 53143 Phone:(262) 658-4141
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 89
 Total Licensed Bed Capacity (12/31/04): 102
 Number of Residents on 12/31/04: 89

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 87

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		62.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		24.7
Supp. Home Care-Household Services	No	Developmental Disabilities	7.9	Under 65	14.6	More Than 4 Years		12.4
Day Services	No	Mental Illness (Org./Psy)	13.5	65 - 74	15.7			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	55.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	10.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	6.7	95 & Over	4.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	14.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	12.4	65 & Over	85.4	-----		
Transportation	No	Cerebrovascular	12.4		-----	RNs		8.6
Referral Service	No	Diabetes	13.5	Gender	%	LPNs		10.4
Other Services	Yes	Respiratory	12.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	43.8	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	56.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	3	5.3	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4	
Skilled Care	20	100.0	340	48	84.2	121	1	100.0	196	10	100.0	196	0	0.0	0	1	100.0	196	80	89.9	
Intermediate	---	---	---	6	10.5	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	6.7	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	20	100.0		57	100.0		1	100.0		10	100.0		0	0.0		1	100.0		89	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	4.8	Bathing	20.2	53.9	25.8	89
Private Home/With Home Health	0.0	Dressing	18.0	42.7	39.3	89
Other Nursing Homes	6.5	Transferring	13.5	40.4	46.1	89
Acute Care Hospitals	88.7	Toilet Use	13.5	51.7	34.8	89
Psych. Hosp.-MR/DD Facilities	0.0	Eating	56.2	25.8	18.0	89
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	124	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.1	Receiving Respiratory Care		3.4
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	47.2	Receiving Tracheostomy Care		2.2
Private Home/With Home Health	39.2	Occ/Freq. Incontinent of Bowel	40.4	Receiving Suctioning		1.1
Other Nursing Homes	3.2			Receiving Ostomy Care		9.0
Acute Care Hospitals	23.2	Mobility		Receiving Tube Feeding		6.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.9	Receiving Mechanically Altered Diets		30.3
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	0.0	Skin Care		Have Advance Directives		18.0
Deaths	34.4	With Pressure Sores	1.1	Medications		
Total Number of Discharges		With Rashes	4.5	Receiving Psychoactive Drugs		23.6
(Including Deaths)	125					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.3	88.5	0.96	90.2	0.95	90.5	0.94	88.8	0.96
Current Residents from In-County	86.5	80.0	1.08	82.9	1.04	82.4	1.05	77.4	1.12
Admissions from In-County, Still Residing	40.3	17.8	2.26	19.7	2.04	20.0	2.02	19.4	2.08
Admissions/Average Daily Census	142.5	184.7	0.77	169.5	0.84	156.2	0.91	146.5	0.97
Discharges/Average Daily Census	143.7	188.6	0.76	170.5	0.84	158.4	0.91	148.0	0.97
Discharges To Private Residence/Average Daily Census	56.3	86.2	0.65	77.4	0.73	72.4	0.78	66.9	0.84
Residents Receiving Skilled Care	93.3	95.3	0.98	95.4	0.98	94.7	0.99	89.9	1.04
Residents Aged 65 and Older	85.4	92.4	0.92	91.4	0.93	91.8	0.93	87.9	0.97
Title 19 (Medicaid) Funded Residents	64.0	62.9	1.02	62.5	1.03	62.7	1.02	66.1	0.97
Private Pay Funded Residents	11.2	20.3	0.55	21.7	0.52	23.3	0.48	20.6	0.55
Developmentally Disabled Residents	7.9	0.9	8.86	0.9	8.35	1.1	7.02	6.0	1.30
Mentally Ill Residents	13.5	31.7	0.43	36.8	0.37	37.3	0.36	33.6	0.40
General Medical Service Residents	0.0	21.2	0.00	19.6	0.00	20.4	0.00	21.1	0.00
Impaired ADL (Mean)	54.4	48.6	1.12	48.8	1.11	48.8	1.11	49.4	1.10
Psychological Problems	23.6	56.4	0.42	57.5	0.41	59.4	0.40	57.7	0.41
Nursing Care Required (Mean)	7.3	6.7	1.09	6.7	1.09	6.9	1.06	7.4	0.98